

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 109

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Barry P Ronan

Mailing Address P O Box 539

City

Cumberland

State

MD

Zip Code

21501-0539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Maryland Regional
Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 19129619

Amount of Each Receipt this Period

510.00

B.

Full Name (Last, First, Middle Initial)

Ms. Mary L. Blunt

Mailing Address 801 Hidden Harbor Ct.

City

Chesapeake

State

VA

Zip Code

23322-7076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Norfolk General
Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: 19129653

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Mr. Nicholas Carosi, III

Mailing Address 215 N Fairfax Street

City

Alexandria

State

VA

Zip Code

22314-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: 19129654

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1210.00

TOTAL This Period (last page this line number only)